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piece of the placenta, which he removed and then ordered me to give the douche. I gave a gallon of the hot saline solution, using the intra-uterine tip, and then put on an abdominal binder and pad.

After getting everything quiet again I found the patient's pulse down to 110, respiration good, and patient feeling very well. The doctor left me with the patient until night, and on his return I gave her another saline douche, but, owing to the fact that there was no place for me to sleep, I returned home.

The patient did not make a very rapid recovery, owing mainly to the ignorance of the attendants, and want of knowledge of how to care for a patient of this character.

IMPRESSIONS OF NIGHT DUTY

BY A PUPIL NURSE ON NIGHT DUTY

NIGHT duty with its attending feelings and impressions is hard to describe. As a whole, it may be described as six weeks of darkness to look forward to. In reality, it may be most likened to leaving all but one or two of one's friends, the other night nurses, and going for a long visit where day is night and vice versa. As each afternoon comes, just as regularly comes that dread of uncertainty of the coming night. Night is so dark, so long, so quiet, and so many things *might* happen before morning.

Each night the silent moon rises a little later, shining through the tall leafless trees, and casting its long pale beams and gloomy shadows through the windows of the corridors and wards. When, toward morning, it disappears, out-of-doors seems blacker than before and the solitary watcher begins to look for signs of dawn. During these early morning hours is the time when all sleep soundest, and to hear the even breathing of the patients makes one drowsy and long to take one short nap.

Not every night is peaceful, however. Sometimes an unruly patient takes four nurses and an orderly to hold him. Although it is past midnight, he is bound to be going home. He is kept restrained until, at last, weary of the fight, he bows to the authority of the cap and lies in bed, subdued. Or it may be the incessant cry of a foreigner, swearing or praying in his own language, to gain in the end a fraction of a grain of morphine, even as little as $\frac{1}{12}$ or $\frac{1}{16}$ of a grain. He is unreasonable and stubborn and is willing to practise the most unheard-of devices to gain his end, even if he has to wait till morning. These cases are dis-

tracting, but it is the really critical patients which occupy the mind of the night nurse all night. In their rooms the lights are left turned low, and the doors open, so that the nurse may easily hear the slightest change of position. Or, if the patient is too ill to move, she does not wait for sounds, but every spare moment the nurse spends beside the bed, closely observant of the expression of the face and the character of the pulse, always looking for a change and hoping it may be for the better. Everything is being done that can be done.

The change usually comes between twelve and four o'clock, for better or for worse. If for the better, what joy and satisfaction is felt from the night of work and watching! It would have been worth many times the amount of labor to help save that patient's life. If for the worse, it is sad, although all know that the doctors and nurses have done all in their power. They realize how limited is their power in prolonging life. All human efforts are useless against the inevitable.

What a change comes with morning! The shadowy fears and dread flee with the night. As the sun wakens life one wonders how night could make such a difference to us and everything around us.

NURSING A HARD, HOPELESS CASE

By JOSEPHINE A. VANDERGON

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THERE are many incidents recorded in history and current events of workmen who need not be ashamed. To my mind it makes a difference whether or not the workman expects his work to be examined. If not, and his endeavors are just the same, then we recognize true worth.

What worldly glory is there in nursing a hard, tedious, hopeless case, that physicians have lost all interest in and given up? Perhaps, too, it is going to cost you several years of your life, and you fail to see any reward in the way of appreciation, or in the way of anything—except severe criticism—awaiting you.

But some nurse must take the case! This irritable, suffering, nervous wreck requires a well-trained, conscientious, and tactful nurse. You are urged to take the case, and decide to do your best, just as you have always done, and involuntarily you murmur, "And if I quake, what matters it if I quake." Then you begin your battle.

First of all you realize that you must take an interest and show an interest, and you must carry brightness and sunshine to this desperately